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## ORIGINAL DEPARTMENT.

### Communications.

#### CASE OF FORCEPS DELIVERY.—PUERPERAL METRITIS.—RECOVERY.

By JAMES B. BURNET, M. D.,

House Physician, Bellevue Hospital, New York City.

Mary Leonard, a native of Ireland, aged 33 years, married, was admitted into the Waiting Ward of Bellevue Hospital on May 21st, 1866. She was almost immediately transferred to the Lying-in Ward, but not being in labor, was remanded to the Waiting Ward, where she remained until the evening of May 24th. She felt the pains coming on at 7, P. M., and was transferred at 10. She stated that since she became pregnant she has never been well. She has had more or less cough, and has gradually been getting weaker. There is probably some tubercular deposit at the apex of the right lung. An examination at the time of her admission into the Lying-in Ward, revealed the following conditions:—Os in the posterior part of the pelvis, and dilated sufficiently to admit the index-finger, but exceedingly hard and gristly. The presenting part was thought to be the vertex, but a subsequent examination threw some doubts on the correctness of this diagnosis. The pains were frequent and severe, but at 1, P. M., May 25th, the os remained in nearly the same condition as at the first examination. At 2.30, P. M., the os had begun to dilate, admitting, in addition to the index, the tip of the middle finger.

At 4.30, P. M., Professor G. T. ELLIOT, Jr., saw the patient and found the os slowly dilating, having then attained the size of a 25-cent piece. It was still very unyielding, although her pains were agonizing in the extreme, causing her to shriek and to try every imaginable position for the sake of relieving herself. Dr. ELLIOT made out a vertex presentation, head above the brim overhanging the pubes, and in addition, detected some contraction of the brim of the pelvis, especially in its antero-posterior diameter, which was shortened by the prominence of the sacro-verte-

bral angle. As the os was now dilating somewhat, and the membranes unruptured, he concluded to leave the case to nature for a time, promising to call again at 7, P. M. The pains were still very violent, and seemed to be wearing out the patient's strength.

At 6.30, P. M., the os had dilated considerably, but the rim, during a pain, felt like cartilage, the cervix being somewhat oedematous.

At 7, P. M., Professors ELLIOT and ISAAC E. TAYLOR arrived, and confirmed the diagnosis previously made. As the os had now dilated pretty fully, it was decided to rupture the membranes, and engage the head in the superior strait. Accordingly, at 7.20, P. M., Dr. ELLIOT ruptured the membranes, and succeeded in engaging the head by abdominal pressure in the pelvic brim. Upon consultation, it was decided to leave the case to nature for a couple of hours, when, if little progress had been made, they would deliver by forceps, inasmuch as the foetal heart was still heard beating.

Drs. ELLIOT and TAYLOR arrived again at 10, P. M. Comparatively little progress had been made during their absence, and the lips of the os uteri, especially the anterior one, had become quite oedematous. Before applying the forceps, Dr. ELLIOT endeavored to dilate the os by means of BARNES' dilators, but was unsuccessful, as it was impossible to insinuate them far enough between the os and foetal head, the head being constantly pressed down by the pains, which were still as severe as ever. The warm douche was more successful, conjoined with manual dilatation, inasmuch as, after injecting about a gallon, the os would admit of the introduction of forceps. She was anesthetized, and at 10.35, P. M., Dr. ELLIOT applied the forceps. The presentation was recognized as that of the posterior fontanelle to the left ilium. The blades were applied, as appeared subsequently to delivery by their marks, over the right frontal bone and behind the left ear. He succeeded in rotating the head partially, but was unable to deliver. He accordingly removed the forceps, and re-applied them, after renewed study of the position, and recognizing that the head had gone back

after their removal. He now completed the rotation, and after considerable exertion, succeeded in delivering the head. The shoulder and body quickly followed. The child, a boy of seven pounds, was born living, but feeble. A free use of the ordinary means completely restored the respiration. There was a caput succedaneum on the right posterior portion of the scalp, and a mark over the right eye, indicating the point of application of the forceps. There was paralysis of the portio dura of the left side, but this paralysis passed off in two or three days. The uterus contracted well, and in thirty minutes the placenta was removed and the binder applied. The woman rallied well, and at 12.30, noon, May 26th, she was transferred to Ward 20, 4th Medical Division, pulse being 75, full and strong, and her expression indicating the great relief which she had experienced.

The above report has been kindly furnished me by the physician of the Lying-in Ward. During the afternoon and at the evening visit she was found to be comfortable, and complained of no uneasy sensation.

At 11.30, P. M., however, on visiting her again, she complained of a severe aching pain in the hypogastrium, and on examination, the uterus was found enlarged and excessively tender on pressure. Her head and bones ached, the surface of her body was hot and dry, and her pulse somewhat firm and 144 in the minute, her respiration being 36. Her tongue was coated, and her bowels constipated. The lochia and milk were scanty. There had been no distinct chill, no nausea, and no tympanitis. The diagnosis of *puerperal metritis* was made, and the treatment commenced at once was fifteen drops of MAGENDIE'S solution of morphia, and ten grains of the bisulphite of soda.

May 27th, 1, A. M. Pulse 140; respiration 34. Administered Mag., gtt. xv., and quiniæ sulph., gr. ij.

3, A. M. Pulse 140; respiration 34. Administered quiniæ sulph., gr. ij.

5, A. M. Pulse 136; respiration 32. Mag., gtt. xv. Quiniæ sulph., gr. ij.

7, A. M. Pulse 132; respiration 30. Mag., gtt. x. She does not feel much pain on pressure, except in the left iliac fossa.

9, A. M. Pulse 116; respiration 24. Mag., gtt. v., and a large blister is now applied over the uterus.

11, A. M. Pulse 120; respiration 26. Mag., gtt. x.

1 P. M. Pulse 120; respiration 24. Mag., gtt. x.

3, P. M. Pulse 112; respiration 22.

5, P. M. Pulse 108; respiration 22.

7, P. M. Pulse 110; respiration 26. Mag., gtt. x. She has had four passages from her bowels, very offensive and whitish in color. The sodæ bisulphite, gr. x. of which she has been taking every four hours, is now stopped.

9, P. M. Pulse 104; respiration 26. Mag., gtt. x.

11, P. M. Pulse 104; respiration 24. Mag., gtt. x. Has just had another passage from her bowels.

May 28th, 1, A. M. Pulse 104; respiration 24.

5, A. M. Pulse 90; respiration 22. Has had two more passages from her bowels.

7, A. M. Pulse 92; respiration 20.

9, A. M. Pulse 94; respiration 22.

10.30, A. M. Pulse 85; respiration 20. Another passage from her bowels.

12.30, P. M. Pulse 100; respiration 27. Mag., gtt. x. No pain on pressure.

2.30, P. M. Pulse 94; respiration 19.

5.30, P. M. Pulse 88; respiration 14. Has a slight headache.

7.30, P. M. Pulse 86; respiration 14. Sleeps quietly.

10, P. M. Pulse 87; respiration 21. Had a slight chill.

12, midnight. Pulse 102; respiration 21. Mag., gtt. xv. She feels a little pain when she coughs. Lochia present and not offensive.

May 29th, 6 30, A. M. Pulse 91; respiration 16.

9.30, A. M. Pulse 87; respiration 20. Mag., gtt. v. Slight pain in left iliac fossa.

11.30, A. M. Pulse 108; respiration 26. Mag., gtt. x.

3, P. M. Pulse 96; respiration 20.

5, P. M. Pulse 88; respiration 22. Mag., gtt. v. Slight stinging pain in region of uterus.

May 30th, 1, A. M. Pulse 86; respiration 22. Sleeps gently.

8.30, A. M. Pulse 80; respiration 17.

2, P. M. Pulse 88; respiration 20. Ordered an injection.

6, P. M. Pulse 90; respiration 16.

11.30, P. M. Pulse 88; respiration 18. Mag., gtt. xv.

From this point she went on convalescing so rapidly that it was not deemed necessary to see her so often. No bisulphite of soda has been given since the diarrhoea made its appearance, and the morphia has also been stopped. She is taking still, and has been taking all through the attack, two grains of the sulphate of quinia every two hours. Her diet has consisted of milk, eggs, whiskey, and strong beef-tea. After the blister

was removed, hot poultices were kept constantly applied to the abdomen. Her lochia and milk were never entirely suppressed.

June 11th. She has been slowly but surely improving up to this time. She has plenty of good milk for her baby, and they are both doing remarkably well. She is now taking

R. Ferri et quinia cit., ʒi.  
Syr. aurant., f.ʒiv. M.

S. Teaspoonful three times a day.

In about two weeks she was discharged perfectly well, without the least remaining evidences of her former trouble.

### VESICO-VAGINAL FISTULA:

Its History and Treatment.

By D. HAYES AGNEW, M. D.,

Demonstrator of Anatomy and Assistant Lecturer on Clinical Surgery in the University of Pennsylvania; one of the Surgeons of the Pennsylvania Hospital; and one of the Surgeons of the Wills Hospital for Diseases of the Eye.

(Continued from page 375.)

Case 10. L. L., aged 35 years, from Pennsylvania, was admitted to the Philadelphia Hospital in the month of April, 1864, suffering from a transverse vesico-vaginal fistula, three-quarters of an inch in extent, and situated in the bas fond, with the complete destruction of the urethra. She was married at the age of 17 years, and 15 months after fell in labor with her first child at full term. She knows the child presented by the vertex. After being in labor forty-eight hours the forceps was applied, and after one hour the child was extracted dead, a male, and more than ordinarily large. Her urine, she states, was not drawn off, and she was never conscious, after delivery, of passing her water the natural way. This fistula was therefore over seventeen years' standing. The vagina had undoubtedly sustained much injury, as it was greatly narrowed in its whole extent. Her health was poor, and in no condition for an operation. She was placed on a tonic course of treatment, with some improvement, and on the 9th of June, 1864, I concluded to make an attempt for her relief. The edges were pared, and fifteen wire threads inserted, securing each with the shot, which closed the vesico-vaginal rent satisfactorily. A catheter was placed in the bladder, and worn for nine days, when the stitches were removed; no attempt even at union seemed to have occurred. Increased attention was now given to her general health, and on the 28th of the following October, a second attempt was made, twelve stitches being inserted, and with an unsuccessful result, union having taken place only to the extent of one-third of an inch. On the 3d of

March, 1865, a third operation was executed, nine sutures being used, and the result again unfavorable. On the 2d of June a fourth operation was performed, in which nine threads were employed, and this time with complete success. During the period she had been suffering from this fistula she had five miscarriages, all occurring at the fourth month. It is contemplated to attempt next the formation of a urethra for this patient.

Case 11. Mrs. H., aged 28 years, residing in an adjoining State, fell in labor with a first child. Her parturition was slow, vertex presentation, and becoming exhausted, the forceps was applied for her relief, and the process completed by the removal of a dead female fetus at full term. Four or five days following, her urine was discovered dribbling over the genitalia, and on inquiry, by her physician, little doubt was entertained that a fistulous opening existed between the bladder and vagina. On the 24th of May, 1865, eight weeks after recovery, I visited her, and on examination discovered the opening situated near the cervix vesicæ, oblique in direction, and about three-quarters of an inch in extent. She was placed under an anæsthetic of ether, and after freshening the margin of the opening, it was brought together by six sutures of silver wire, and clamped with shot, the usual detail of treatment being observed. In consequence of some pleuritic symptoms occurring about the eighth day, the stitches were not removed until the tenth day, when the wound was found thoroughly united.

Case 12. Mrs. M., of Philadelphia, aged 30 years, applied to be relieved of a vesico-vaginal fistula. A few months previous she had been delivered of a dead child (her first), after being in labor forty-eight hours. It was a breech presentation, and after the extrusion of the body, the head was retained for several hours. At what time after, the opening occurred she could not determine, as she had no sensations decisive of the accident, but believes the urine dribbled ever after her labor.

On the 24th of November, 1864, I operated, assisted by Drs. McLERNY, WILSON, and ALLEN. The opening was situated about three-quarters of an inch above the cervix vesicæ, transverse in direction, and about six lines in extent. It was freely freshened, and closed with eight silver sutures. Nothing unusual occurred during the subsequent course of the case, and on the ninth day the sutures were removed, the opening to all appearance closed. After getting up she was under the impression all was not quite right, as

she was conscious of an unusual moisture at the outlet of the vagina, and her clothing had a urinous odor; still she was able to pass her water in a fair stream. On examination I failed to detect any opening, although the bladder was not injected, the cicatrix looking so perfect. I was disposed to believe the urethra or neck of the bladder had not entirely recovered tone, and allowed some to escape, and advised the use of tonics, with the extract of nux vomica, and not to allow the urine to accumulate. The difficulty was not relieved, and, on a second careful examination, an opening, of almost capillary dimensions, was discovered at one angle of the cicatrix. The part was denuded, and two stitches inserted, which completed the cure, as she has since been perfectly well.

*Case 13.* Mrs. —, æt. 30, a small delicate lady from a distant land, in a first labor, greatly protracted, discovered, after five days, her urine running from her without control. She was informed that a fistula existed, and was for some time treated by cauterization. Becoming in the meantime pregnant, all remedial measures were suspended. Her confinement took place in Philadelphia, under the care of Dr. STROUD, seven weeks after which, I was invited by the Doctor to visit her and examine the case. The fistula was quite small, and situated in the vesicle triangular space. On Sept. 12th, 1865, assisted by Drs. STROUD, HUNT, RODMAN, and TOWNSEND, I performed the usual operation, inserting, after the edges were properly denuded, four silver sutures, and securing them with shot. The subsequent treatment was conducted by Dr. STROUD. The only troublesome symptom arising in the progress of her case was occasionally a violent spasmodic contraction of the bladder, expelling the catheter, but which was overcome by enemata of a little thin starch-water with laudanum. On the ninth day I removed the sutures, the opening being successfully closed. Very recently I have heard from this patient, who continues to enjoy perfect health.

*Case 14.* Mrs. G., æt. 29, residing in a neighboring village, went into labor with her first child. Her pains were severe and exhausting. The head of the child presented, and after thirty-six hours, the forceps were applied and the child extracted, dead. Her urine had not been removed during labor, and she thinks that, four days after, it commenced escaping from the vagina.

When I first visited her, she informed me a year and a half had elapsed since the accident, and that three operations had been attempted without

success. On examination a double fistula was discovered, each running transversely through the vesical triangle, and separated from each other by about three-eighths of an inch. This condition was easily explained by referring to the previous operation—the middle of the wound uniting, and the extremities remaining open. Assisted by Drs. MORTON, SUTTON, AGNEW, and WEIGHTMAN, I operated a few days after, by paring the edges of each, and closing one with five, and the other with four sutures. Everything progressed well until the third day, when she was seized with pain in the abdomen, with free bleeding from the vagina, which at first I was disposed to believe was a copious menstruation. Her bowels also became disturbed, and her appetite failed. Opium and warm fomentations relieved her pain and diarrhoea, but the bleeding continued for seven days. On the ninth day, the threads were removed, one fistula being found closed, and the other open. After this the woman became pale and dyspeptic, and in no condition to justify an operation. Under a properly regulated diet and tonics, she improved rapidly in general health, and in the meantime became again pregnant.

Two months after her confinement, on the 4th of November, 1865, assisted by Drs. PATTERSON, HALL, and TOWNSEND, I operated, closing the opening with nine metallic threads. Not an unpleasant symptom occurred, and the sutures were removed on the ninth day following, the wound proving to be closed soundly in its entire extent. An interesting fact connected with this case was the disposition, if she allowed her bladder to become too much distended, to some incontinence. To correct this an elastic-ring pessary was introduced, which, by its pressure on the neck of the organ, effectually relieved the difficulty.

*Case 15.* S. G., aged 25 years, a native of Ireland, was admitted into the Pennsylvania Hospital, October the 10th, 1865, suffering from a vesico-vaginal fistula since the April previous. It occurred as a consequence of a tedious labor with her second child, forty-eight hours having elapsed before it was delivered. Her physician stated to her it was a cross-birth. No instruments were used, but the leg of the child was broken in two places. Of course the fetus was dead. The time she passed her urine first through the vagina, she could not determine, but thinks before the second day after her confinement. At the expiration of two weeks she got up, but found herself so weak on her limbs as to be unable to walk. Her first labor was not difficult. After



her recovery, two operations were performed for the closure of the fistula, by her physicians, both unsuccessful. On examination, after her admission, the fistula was found to extend longitudinally from the neck of the bladder to the os uteri, and inclining to the left of the cervix passed along its entire length.

On the 24th of October, assisted by Drs. HUNT, MORTON, HEWSON, and the hospital residents, I executed the operation described in the previous cases. As the neck of the uterus formed one side of the fistula above, the os looking into the bladder, it was necessary to freshen it, and secure it to the opposite side. The opening was closed longitudinally with thirteen sutures. Not an unfavorable symptom followed the operation, and on the ninth day these stitches were taken out, and except at a single point, where the vaginal wall blends with the cervix uteri, a solid union secured. To close this a second operation was performed, eight weeks after, requiring three stitches, and resulting in complete closure.

[To be continued.]

#### ON DIGITALIS AND ITS USES.

By JOS. ADOLPHUS, M. D.,

Of Hastings, Michigan.

While the profession is in serious quest after new remedies, we have been sadly at fault in neglecting old and valuable ones, in consequence of not having sufficiently attended to their therapeutic and physiological operation. Such is the case with the article now under consideration. It is not unusual to find digitalis stated in the books as an arterial sedative, whose operation is particularly on the action of the heart. In part this is true, but the true usefulness of digitalis is not to be found in its arterial sedative qualities. I will call attention to the use of this article in general practice, and then a more correct judgment may be formed of its usefulness.

A woman æt. 38; anemic, with a small, weak, frequent pulse, 115 per minute; heart's action weak, with deficient aortic valves; general oedema; pupils contracted in the morning, and much dilated at evening; nervous system quite irritable; tongue moist, flabby, broad, pale and tremulous when protruded; respiration short, 23 per minute; occasionally skin colored with a jaundice hue; complains frequently of headache; feet and hands most generally cold and clammy, and for a week back complains of insomnia. When I first saw her she had a hacking cough, anorexia, feeble pulse, and sleeplessness; she was attended by a neighboring physician, who called her case tuberculosis. I immediately put her under the

tincture digitalis, according to the U. S. P., gtt. x. three times a day; no other remedy. Five days after, the pulse was 85 per minute, and strong; skin moist and warm, and oedema disappearing; color of skin more natural; respiration reduced to 18 per minute; relish for food returning, and sleep better, being more refreshed; heart's action more regular. At the commencement of the second week, all the symptoms quite improved. She then took cod liver oil, and thirty-six days after this treatment was begun, she was well enough to leave off the digitalis which she had taken in four-drop doses after the first eight days. She continued the oil for two months longer, and has from that date (seven months) onward had no return of her bad symptoms, though the valvular disease is still present.

*Commentary.* This case is one of four, all treated in like manner, and shows that digitalis is a tonic to the circulating system.

No unusual flow of urine occurred during the disappearance of the oedema, and with its disappearance also went the jaundiced discoloration of the skin. The restored cardiac force was followed by improved digestion and nutrition; the brain was supplied with superior life-force through the improvement in the blood. That the power of the remedy was in fact directed toward the nutritive and nervous system cannot be denied, inasmuch as the excito-secretory system of nerves were renewed in life-force.

The next class is that of pneumonia. Seven cases of pneumonia, treated with digitalis tincture.

*Case 1.* Boy eleven years old; full habit and strong physical development; was attacked with single pneumonia of right lung; condition of patient eighteen hours after first chill was as follows: Pulse 105, sharp, full; skin hot; face flushed; cough frequent and dry; urine scanty and high-colored; headache; eyes suffused and watery; pupil sensitive to light; respiration quick and short, painful; percussion dull up to sixth rib; respiration higher up, puerile; over the inflamed part the sound was mixed with crepitant rale, dry rhoncus, etc., etc. Commenced the treatment with two drops of tincture of digitalis, every hour; enveloped the chest in a mush poultice. Ten hours after, the cough was not so urgent, and the pulse was lowered five beats. Thirty-six hours later fine crepitation was heard; puerile respiration not so strong; urine more copious. In forty-eight hours more resolution was effected.

*Case 2.* Man, 36 years of age; bilious habit, mixed with nervous; attacked with chills and rig-

ors, followed by high fever; cough; painful respiration, and headache. I saw the case sixty hours after the first chill. Auscultation and percussion revealed confirmed pneumonia. Pulse 100; tongue sharp, red at tips and edges, base dirty white; papillæ prominent, especially toward lower third. Skin hot and pungent; breath offensive; eyes red and suffused; pulse soft and quick, quite easily compressed and lost under the finger; lower half of left lung involved; cough very harassing; sputa thick and tough; urine scanty, ammoniacal and high colored.

Commenced the treatment with ten drops of tincture of digitalis, every four hours, until six doses are taken, and then five drops every four hours. Sixty hours after, symptoms began to yield. Sputa began to grow less tenacious. Pulse stronger, and not so full nor so soft. Fifth day of treatment the crepitant fine sound began to be heard. On ninth day patient considered convalescent.

*Case 3.* Woman, 62 years old; of broken down constitution; was attacked with pneumonia in both lungs, but severest in right. After the second stage was well established, (which was on the fifth day,) I saw her. Pulse 130, quite small and weak; dulness all over lower half of right lung, and one-fourth of left; no respiratory murmur, or sounds of any kind; tongue dry, covered with dark-brown fur; respiratory movements quick and short. Case esteemed of a typhoid type.

Commenced treatment with three drops of tincture of digitalis, every three hours. In eighty-four hours the pulse grew stronger and firmer; and in sixty hours more, respiration began to be heard in the upper edge of the left lung, and so on gradually, and by the eighteenth day respiration was restored all through both lungs.

These three cases are types of the whole, but let us read a lesson.

The great power of the remedy was to strengthen the heart's action, for the pulse was more or less strengthened before forty-eight hours of treatment. Nutritive life was developed anew, for the life-forces seemed to be called into renewed action.

In all these cases quinine was used, and mush jackets applied to the whole chest—which, by-the-by, is one of those great adjuncts to the successful treatment of all lung complaints, which we must never neglect.

**Two Cases of Delirium Tremens treated by the Tincture of Digitalis after Opium and Chloroform had failed.**

*Case 1.* Third day of utter sleeplessness, with all the horrid symptoms of delirium tremens.

*Two teaspoonfuls* of tincture of digitalis was ordered at once, and repeated in two hours. Sleep was procured in four and a half hours, but not till the pulse was made firmer.

*Case 2.* Was an old sot, who had suffered from repeated attacks of delirium tremens, which lasted longer at each recurrence. I was called to see him on the second day of the attack, and his brother told me that I had better kill him at once, as he was a miserable nuisance. I gave him f.3vj., tincture of digitalis, as he was raving, violent, and almost unmanageable. In an hour he began to grow more manageable, and in three hours went into a profound sleep, which lasted three and a half hours, when he awoke nearly collected and much refreshed; f.3ij. were then administered in  $\frac{3}{4}$ vi. of beef tea, and the case was effectually cured in two days.

I was consulted concerning a delicate young lady, quite pale and anemic, æt. 23. The catamenia had never appeared. Hands and feet cold much of the time; shortness of breath; heart's murmur loud, hollow sound; palpitation; no desire to locomotion; occasional flushes of fever followed by headache; complains much of cardialgia and acid stomach; abdomen tympanitic; appetite morbid; bowels very irregular, sometimes quite costive, at others loose; has suffered from several attacks of hæmoptysis; sometimes the sclerotic coat of eye would be quite yellow, at others quite blue; tongue broad, partly white and pale, papilla very prominent; lungs sound; sleep quite imperfect, dreams very much; digestion quite in error. Has been treated by several physicians with iron, cod liver oil, and emmenagogues, all to no effect. Saw her six months ago; ordered ten drops of tincture digitalis three times a day. On the fifth day poisonous symptoms came on. Suspended the tincture for three days, and commenced with six drops three times a day. In ten days more toxic symptoms supervened again. Stopped for three days, when four drops of tincture was given three times a day, and continued thirteen days longer, when pain in pelvic cavity was felt, quite slightly at first, but increased in intensity for four days, when the flow came on quite lightly. The remedy was then given in two-drop doses three times a day, and by the forty-sixth day the flow was complete. Appetite gradually improved. The first notable symptom of improvement after the second toxic effect, was a feeling of agreeable warmth in the feet and hands, which was followed closely by more sound and refreshing sleep. The paleness of the mucous membrane of the lips, jaws and tongue began to pass away with the coldness of surface. She ob-

served to me that her food gradually set lighter on her stomach, and that her heart symptoms were the first to feel improved.

This case greatly improved in sixty days, and cod liver oil was followed up for one hundred days in succession, and now she is in perfect health. Nothing but the tincture of digitalis was used for the first forty days. If we study this case closely, we shall find that the medicine in producing its toxic effect was followed by no permanent ill consequence; that its tonic power on muscular fibre, under certain circumstances, is not to be disputed. What these circumstances are, constitutes the pith of the matter. I am of opinion that the *modus operandi* is on the molecular life of the organ, throwing it into tonic movements. But I must not fail to show that the action is primarily on the heart, if not through the nutritive system. Digitalis has a power over the life forces that calls forth a greater power in the organs to select nutritive material from the blood. I must not be understood to say that I claim for it any power of enriching the blood. But we must not suppose that the blood is ever quite destitute of nutritive material. But when the vital forces are low, in consequence of imperfect nutrition, a general anemia of fibre occurs in consequence of imperfect supply of nutrition from impoverished blood.

But at the same time, if there exists a dormant life force in fibre or molecules, susceptible to stimulating action through the tonic power of digitalis, a renewal of life occurs, whose result is to call or select from the blood, poor as it may be at first, new material, which is followed by elimination of effete matter, and hence an awakening of life force through the whole nutritive system which calls for material to supply the waste, thereby making a demand for food. This is set forth in strong light by the fact that digitalis causes a large increase of solid excreta in the urine, without greatly increasing the quantity of water. This I repeatedly observed in pneumonia, for the demand for food was greater in cases treated with tincture of digitalis than when treated otherwise. It would be difficult to show that digitalis is a stimulant, that is in the usual acceptation of that term, nor can we call it a tonic in the sense we do colombo and other tonics. However, we cannot fail to see that its effects are such as we should expect from a remedy that could appeal at once to the elementary molecules of tissue, and call or waken them into renewed activity.

But its influence on the nervous system is manifestly different from that of narcotics proper,

or of nervous sedatives. How it acts upon the excited brain and nervous system when suffering from alcoholism, can only be explained in the light of an antagonism to that poison on those tissues.

**A PIERCER, (AN INSTRUMENT USED IN FORMING EYELETS,) 2½ INCHES LONG, ENCRUSTED WITH CALCULUS, REMOVED FROM THE FEMALE BLADDER.**

By T. G. MORTON, M. D.,

One of the Attending Surgeons of the Pennsylvania Hospital, Philadelphia.

Mary A., æt. 27, was admitted into the Pennsylvania Hospital October 11th, 1866. Unmarried, by occupation a seamstress, of shy manners and nervous temperament.

She stated that, four months ago, a wooden seat had broken under her, and that a splinter, she thought, had penetrated her person through the vagina; since the accident, her sufferings have been intense. She had been treated for "womb disease," the introduction of a catheter on several occasions not having detected any foreign body in the bladder.

At the time of her admission she was pale, with an anxious expression, unable to sit or stand upright without great suffering, invariably assuming a stooping posture when going about; in bed her most comfortable position was on her back, with the knees well drawn up—a great deal of pain in the hypogastric region, a constant desire to micturate, with inflammation and swelling of the urethra. A sound passed into the bladder at once came in contact with a foreign body. When questioned, she indignantly denied ever having passed anything into her bladder.

Oct. 12, 1866. Ether was administered and the urethra was rapidly dilated, sufficiently to allow the introduction of the forefinger. A foreign body, long and slender, was found, occupying a position antero-posteriorly, being held tightly by the much contracted organ; one end seemed pointed and projected above, and to the right side of the pubes, and could not be disengaged from its position.

I now determined to bring forward the posterior or blunt end, and accomplished this, with some difficulty, by the aid of the finger. When near the urethra, the forceps were introduced, and the foreign body was easily extracted.

It proved to be an old-fashioned *piercer*, made of horn, measuring 2½ inches in length, one end being very sharp and smooth, the other blunt,

rough, and covered with calculous incrustation, several lines in thickness. From its position, I felt sure that it must have been introduced, when the bladder was much distended, blunt end first, which proved to be the case. Within twenty-four hours the patient had control over the bladder, and was free from pain. She appeared very much astonished at the result of the operation, and then confessed that on the 19th of June, four months ago, she had introduced the instrument, blunt end first, into her urethra, and in endeavoring to withdraw it she experienced pain, when, letting go her hold, it slipped back. On emptying her bladder immediately afterward, she thought it came from her, and thus was induced to invent her first account to conceal the real cause of her suffering.

The case is interesting from the fact that the foreign body could hardly have been introduced entirely within the bladder, unless that organ had been distended with urine; and secondly, that the patient was in constant danger of having the pointed end of the instrument, either from ulceration or force, thrust through the walls of the bladder into the abdominal cavity, for the irritation which it induced, kept the organ in a constant state of contraction.

#### A NEW OPERATION AT THE ANKLE-JOINT.

By J. N. QUIMBY, M. D.,

Of Jersey City, N. J.

I was called by Dr. CRAIG, May 18th, 1866, to see Michael Donohoe, æt. 10 years, who had been run over by a city horse car, the wheels passing over his foot high up in the instep, nearly severing the foot from the leg, with the exception of the astragalus and os calcis, the former being partially dislocated. The soft parts were terribly lacerated and contused, and a portion of them carried away. After a careful examination of the case, I determined to perform an operation that I had performed before with satisfactory results, viz., make a curvilinear incision across the dorsum of the foot, commencing anterior to, and about an inch below the internal malleolus, to a corresponding point on the opposite side, and then starting from the same point and going under the sole of the foot to the same point on the opposite side, forming an anterior and posterior flap, similar to the operation performed by



M. PIROGOFF, of Russia. After forming the anterior flap and turning it back, I then carefully dissected out the astragalus from its attachments, being careful to keep close to the bone. Then forming the posterior flap from the sole of the foot, I carefully dissected out, keeping close to the bone, the anterior half of the calcaneum; this being done, and the soft parts being well retracted by an assistant, the saw was applied so as to remove the anterior half of the bone. Then after rounding off the sharp edges of the bone, and removing any spiculæ, the posterior half is applied directly to the articular surface of the tibia.

After stitching up the flap in the usual way, a strip of adhesive plaster was applied, three inches in width, extending from the upper portion of the gastrocnemius muscle, to a corresponding point on the anterior surface of the leg, passing directly over the os calcis, so as to keep it closely, and pretty firmly in apposition to the articular surface of the tibia, which is kept there until union between the bones has taken place. The adhesive plaster and the manner of using it, I regard as a very important auxiliary in the treatment, as it effectually prevents the retraction of the gastrocnemius muscle, and the gaping of the wound. In the present case, the patient was able in six weeks to bear some weight upon the stump, and in two months could walk quite well, and in three months was going to school running and playing with the rest of the boys, with but very little apparent inconvenience, and without any artificial assistance from crutch or cane.

I desire to call the attention of the medical profession very briefly, to three important points. The first advantage of this operation over any other at the ankle-joint, is that the vascular relations of the principal flap are much less disturbed, and there is, therefore, less danger of sloughing or of tardy and imperfect healing of the wound. The second advantage, is that the integrity of the tibia and fibula is preserved, and there is on that account a better chance for the growth and development of the limb in young subjects. The third advantage is, that the length of the limb from the hip to the heel, is diminished to so slight a degree, that the difference is scarcely appreciable.

— Just previous to the severe earthquake shock in France, Schonbein's iodized paper became dark blue, proving a highly electric state of the atmosphere.



## Hospital Reports.

JEFFERSON MEDICAL COLLEGE, }  
October 10, 1866.

SURGICAL CLINIC OF PROF. GROSS.

Reported by Dr. Napheys.

### Hydrorachitis.

Laura C—, *æt.* 13. This patient presents a peculiar malformation of the chest, a contorted appearance of the spinal column, which is curved to a great degree, not only anteriorly, but also laterally, over toward the left side; a concavity, corresponding with the projection in front, in the dorso-lumbar region; a tumor of very large size in the upper portion of the lumbar region; and an enlargement of one of the lower extremities. The child was born with the tumor, which has been steadily increasing with the growth of the body. It is soft and fluctuating, evincing the presence of fluid. There is no discoloration of the integument covering it. The enlargement of the lower extremity was caused by an injury received several years ago, the part remaining ever since in a state of irritation. The child is anemic in appearance, and has a tumid abdomen.

The congenital tumor observed here has been gradually growing, since the bulk is now considerable. It is soft, compressible, and fluctuates very distinctly under the finger; therefore it contains a fluid. From the long duration of the affection, this fluid must be assumed to be of serous character, and the disease hydrorachitis, bifid spine, or spina bifida.

This congenital defect consists essentially in a protrusion of the envelopes of the spinal cord through a deficiency in the vertebræ. It is analogous in nature to such malformations as hare-lip, cleft-palate, hypospadias, umbilical hernia and ectrophy of the urinary bladder. If the tumor were pierced by a delicate trocar or exploring needle, a fluid would escape, and the bulk of the tumor disappear. This fluid, if examined, would be found to be of a limpid character like the clearest well water, saline to the taste, and destitute of albumen. It is the cephalo-spinal fluid, which exists naturally to a greater or less extent in the arachnoid sac, both with brain and spinal cord, and is essential to the due performance of the functions of the great cerebro-spinal centres. This fluid is here present to a redundant extent, and forms the great mass of the bulk of the tumor.

It is remarkable that this child should have attained the age of thirteen years, as most children born with this affection die at an early period, some within a short time after birth, and a great majority before the expiration of the first eighteen months or two years. The pressure produces inflammation, which by-and-by terminates in ulceration and perforation of the tumor and an escape of its contents, which is followed by convulsions; and, sooner or later, if not immediately, by the death of the patient. This case is therefore an exceptional one, though there are on record instances of persons affected in this

way who have lived to a comparatively advanced age.

The spinal curvature here is of long standing, and in great measure irremedial. The present indication is, to bring up the state of the system by tonics, concentrated and nutritive diet, and nutritious drinks.

### Operation of Lithotomy.

John M., *æt.* 13. He has had some trouble in his bladder all his life. He cannot make water when he wants to. He desires to urinate fourteen or fifteen times a day, but not at all at night. Sometimes the water comes pretty well, then there is a sudden stoppage, when he jumps about, thus causing the water to flow again. He is obliged to strain and lean forward in urination. There is pain at the extremity of the penis, and occasional prolapse of the anus. He sleeps well at night. He is very susceptible to atmospheric vicissitudes.

He has nearly all the rational symptoms of stone in the bladder. It is remarkable, however, that he has no trouble at night. A patient should not be cut for stone in the bladder, on the evidence simply of these rational symptoms, constitutional and local. This may give rise to the suspicion that a stone exists, but positive certainty can only be attained by the use of the sound.

The patient was placed on his back, put under the influence of chloroform, and the thighs raised and separated from each other. The sound was then oiled, rubbed between the thumb and fingers to warm it, and inserted into the urethra after the manner of a catheter. The click of the calculus was very distinctly elicited, and thus the rational symptoms were confirmed by this exploration. The boy had previously been placed on the use of *uva ursi*, and the bi-carbonates of soda and potassa, to render the bladder tolerant of interference, by obtunding the morbid sensibility of its mucous membrane.

It was formerly supposed there were certain articles of the *materia medica*, as alkalies and acids, which had a solvent power, and would reduce a secretion of this kind, and ultimately entirely dissolve it. Experience has shown the inutility of such remedies. They may produce a certain amount of solution, perhaps, but so little that no man of sense, science, or experience, would trust to them in the slightest degree. A calculus is occasionally expelled spontaneously. This expulsion may be promoted by the enlargement of the urethra by means of bougies, when the patient has been suffering under the symptoms of stone for a comparatively short time, and the stone is found to be of small size. After the urethra is widely dilated, the patient should be instructed to retain his water as long as possible; or, if he be a child, the penis should be tied up, and then the water should be passed in a full stream, when, if the calculus be of small size, it will be likely to be expelled through the natural channel. If the stone become impacted in the urethra, it may have to be pushed back into the bladder, or extracted by the urethral forceps.

In the present case the stone is too large to be dealt with in this way, and it is proposed to cut

it out. There are several routes to the bladder, one by the perineum, one by the hypogastric region, and one by the rectum. The perineal operation preferred, and always performed by Prof. Gross, is the lateral, which was perfected by CHESELDEN in the last century. It is one of the most complete of all of the operations of which any conception can be formed. It is called the lateral operation, because it is performed on the left side of the perineum. There is a modification of this operation spoken of by CELSUS, and perfected by DUPUYTREN, called the bi-lateral operation, for which there can be very little use at the present day, when calculi are almost invariably comparatively small.

It is only when the calculus is of great bulk, that such a procedure is at all necessary or proper, and even then it may be dispensed with, by adopting the method suggested by LISTON, of London, which consists in dividing the right lobe of the prostate gland to nearly the same extent as the left. The hypogastric, the high, or the suprapubic operation, was in great vogue at one time, especially in France. It should be performed only when there is a large stone, weighing ten, fifteen, or sixteen ounces. There is a calculus in the cabinet of Prof. MOTT, weighing sixteen ounces, which was extracted by the perineum. The recto-vesical operation was practised early in the present century. As it is extremely liable to be followed by recto-vesical fistule, it has been abandoned. Dr. BAUER, of Brooklyn, recently performed it, and then sewed up the wound with the interrupted suture, just as after the operation for vesico-vaginal fistule, the union being perfect.

The patient, under the influence of chloroform, was brought down to the extremity of the table, and Dr. Gross performed the lateral operation; the finger having first been inserted in the rectum to induce its contraction. The stone extracted weighed three and a half drachms.

Nothing at all was applied to the wound, which was left to take care of itself. No tube was introduced to draw off the urine. The patient was carried to his bed—a soft mattress, with a piece of oil cloth over it; over the oil cloth a folded sheet was placed, to receive the urine as it flows from the wound. The parts should be kept perfectly clean and comfortable. One-quarter of a grain of morphia was ordered, so soon as he recovers from the influence of the chloroform; one-quarter more during the afternoon, and perhaps another quarter during the night. The bowels were evacuated before the operation, and will be kept tied up for three or four days; then a mild laxative or enema will be administered. The nourishment must depend upon the condition of the system. If the patient be in good health, as in this case, he may speedily resume his customary diet.

—Mrs. DEBORAH BEDFORD, aged 93 years, the sole survivor of the famous Wyoming massacre, which occurred during the Revolutionary war, is still living with her son, Dr. A. BEDFORD, at Waverly, Pa.

—The Middlesex Hospital (London) has lately received from an anonymous friend the munificent donation of one hundred thousand dollars.

## Medical Societies.

### VERMONT MEDICAL SOCIETY.

#### FIFTY-SECOND ANNUAL SESSION.

Reported by the Secretary.

The fifty-second annual session of the Vermont Medical Society was held at Montpelier, October 17th and 18th, 1866. The President, WILLIAM MCCOLLUM, M. D., of Woodstock, in the chair; L. C. BUTLER, M. D., of Essex, Secretary. The session was opened with prayer by Rev. Mr. WHEELLOCK, of Cambridge.

The Society then proceeded to business.

Dr. E. D. WARNER, the Committee appointed at the semi-annual session, to "inquire into and report the facts" in the case of the "member of this Society, alleged to be engaged in the manufacture and sale of a patent medicine," and "using quack methods of introducing the same to the public," reported that he had held correspondence with the individual named, and ascertained that he is vending a remedy for diphtheria, which he terms the "Italian Remedy" for that disease, but that the recipe for it is not held as a secret from the profession, but has been communicated freely to any of the profession desiring it.

The report was accepted, and after considerable discussion the whole subject was referred to a Committee, consisting of Drs. Woodward, of Brandon, Upham, of Randolph, and Morgan, of Bennington, with instructions to investigate the matter more thoroughly, and report at the semi-annual meeting.

The credentials of Drs. A. Millett and S. Phelps, from the Massachusetts Medical Society, and of Dr. Ashbel Woodward, from the Connecticut Medical Society, were presented, and they were cordially greeted as delegates from those Societies, welcomed by the President, and invited to participate in the proceedings of the Society.

Dr. E. D. Warner was appointed a Committee on the admission of members, in the place of Dr. Russ, who was absent. Dr. Russ was subsequently present.

Dr. H. D. HOLTON, from the Committee on the resolution of Dr. Perkins at the semi-annual session, reported several amendments to the Constitution of the Society, and an "Order of Business."

The report was accepted and adopted.

These amendments provide for a Board of Councillors, consisting of one from each county in the State, who have the general oversight of the business arrangements for the annual and semi-annual sessions, and to whom all applications for membership must be made.

Dr. J. N. STILES, one of the delegates to the New Hampshire Medical Society, reported his attendance upon the annual meeting of that Society. One item of business transacted, of which he thought favorably, was the presentation of favorite prescriptions by its different members.

The delegates to the Medical department of the University of Vermont, reported their attendance

at the examination of the Graduating Class, their cordial reception by the Faculty, and participation in the examination.

The delegates to the American Medical Association at Baltimore, reported a very interesting and profitable meeting. Dr. Holton gave a brief *resumé* of its proceedings, correcting the erroneous impression made by the apparent adoption of Dr. Marsden's views of Quarantine by the Association.

The Committee on admission of members reported favorably, and the following individuals were duly elected members of the Society, viz., Drs. S. T. Brooks, St. Johnsbury; C. C. Smith, East Berkshire; J. H. Steele, Middlebury; S. F. Burdick and J. P. Kent, Winooski; D. G. Kemp, Montpelier; Laban Tucker, West Hartford; E. H. Pettengill, Saxton's River; and F. H. Goodall, Greensboro.

Dr. L. C. BUTLER, from the Committee to whom was referred the subject of the Registration Law of the State, and amendments proposed thereto at the last annual meeting, recommended the proposal for adoption by the Legislature, of amendments to the law making the Physicians of the State the Registrars of deaths and births.

The report was unanimously adopted, and a Committee consisting of Drs. Nichols, Secretary of State, Porter, of the Senate, and Welch, of the House of Representatives, was appointed to prepare a bill for presentation to the Legislature now in session, embodying such amendments to the law as are deemed desirable, and urge its passage.

The President was invited to deliver the annual address at 6½, P. M., this day.

A communication was read from the Secretary of State, accompanying the Registration Reports of the State for 1862-3-4;—a copy for each member of the Society.

Dr. A. C. WELCH introduced the subject of certain statements of mismanagement and cruelty, in the Insane Asylum of the State, made to the Legislature now in session, and the election of an individual as Commissioner of the Insane, by that body, who does not belong to the profession. The matter gave rise to considerable discussion, in which Dr. E. D. WARNER, ex-Commissioner of the Insane, and others who were conversant with the management of that institution, participated, repelling, as unfounded, all insinuations of cruelty, or improper management, made against it.

On motion of Dr. E. N. S. MORGAN, the subject was referred to a Committee of three, consisting of Drs. Butler, Fassett, and Fairchild, with instructions to report to the Society at its present session, by resolutions or otherwise, as they may deem advisable.

At a subsequent stage of the session, Dr. BUTLER, from that Committee, reported the following preamble and resolutions, which were unanimously adopted by the Society, and a copy directed to be furnished to the several papers in the State, with a request for publication, and also to Dr. Rockwell, the Superintendent of the Asylum:

Whereas, it has come to the knowledge of this Society that pending the election of a Commissioner of the Insane by the Legislature now in

session, remarks were made by some members reflecting with severity upon the Vermont Asylum for the Insane, implying charges of cruel neglect, and improper management of its patients, therefore,

*Resolved*, That it is the opinion, and belief of this Society, that all such charges, or representations, are without foundation in fact; calculated to impair the confidence of the community in an Institution which, after thorough investigation by well qualified persons, we believe to be well managed for the best interests of those under its care—an institution of which our State may be justly proud, as affording advantages for the comfort and cure of this unfortunate class of persons at least equal to those of any similar institution in our country.

*Resolved*, That as a Society we believe, and respectfully say, that in our opinion the duties of Commissioner of the Insane—to watch over the interests of a great hospital—its sanitary, dietetic, and medical management—to investigate that most intricate and difficult of all diseases, and to protect the unfortunate sufferers from improper treatment of every kind, can be most properly and efficiently performed by an experienced and judicious medical man; and we respectfully protest against the late action of the Legislature in electing an individual to that office who is outside of the Medical profession.

During the afternoon session, Dr. J. N. STILES read a paper on the *Treatment of Small-pox*, in which he spoke favorably of the use of *saracena purpurea* in cutting short its course. Dr. STILES also presented specimens of the root and leaves of the plant.

Dr. MILLETT, of Mass., had used the *saracena* in one instance, and found the eruption speedily subsiding and abating. In other instances it had failed. It had been thoroughly tried in several cases on Rainsford Island, by Dr. Underwood, but without success.

Dr. C. A. SPERRY reported a case of *Imperforate hymen* in a girl of 13 years. On making an incision, nearly a quart of black, tarry, semi-fluid substance was expelled with considerable force. For nearly a year previous she had had periodical monthly pains.

Dr. R. H. PHELPS detailed an interesting case of *wound of the knee-joint*, in which a vigorous young man of nineteen, of sound constitution, stumbled upon a scythe, severing the inferior edge of the patella from its connections, cutting off a piece of bone three-fourths of an inch long by one-eighth wide, together with considerable cartilage, from the inner condyle of the femur, and about one-half the same amount from the external condyle of the tibia, dividing the muscles and ligaments into and through the joint, exposing the whole knee-joint, and making a wound which measured over four inches on the surface.

Under the application of proper dressings, the double inclined plane-splint, rest in the recumbent position, the use of aconite to control the inflammatory symptoms, and subsequently passive motion of the joint, at the end of two months there was "but slight enlargement of the joint,

and no tenderness on pressure at any point." He can flex and extend that limb nearly as well as the left, and can walk comfortably without crutches.

Written reports on the epidemics of Caledonia and Washington counties were presented by Drs. HYDE, of Hardwick, and PUTNAM, of Montpelier, the former alluding in an especial manner to diphtheria and dysentery, and the latter to typhus and typhoid fevers. No other reports were presented.

Dr. S. W. THAYER remarked the non-prevalence of dysentery in his particular locality, but had seen many cases outside of it. He used mercurial preparations in its treatment, in this way, R., sugar of milk, ʒj., hyd. cum cret., ʒss., ipecac., ʒss. Divide into thirty powders, one to be taken every two or four hours, according to urgency of symptoms. For the tenesmus he uses and strongly recommends the chlorate of potash injection, as follows: R., mucilage gum Arabic, ʒij., chlorate potash, ʒj., inf. opii., gtt. xl. Mix for a single injection.

On motion of Dr. UPHAM, a Committee on Nomination of Officers for the year ensuing, was appointed, as follows, one for each county represented: Drs. O. F. Fassett, J. N. Stiles, E. F. Upham, G. B. Bullard, C. B. Chandler, S. R. Corry, Salmon Brush, J. H. Richardson, E. D. Warner, E. H. Pettengill, Abram Harding, E. N. S. Morgan.

During the evening session, the Society listened to an able and interesting address on the History and Progress of Medicine, from the President.

On motion of Dr. HOLTON, the Society tendered the President an unanimous vote of thanks for his address, and ordered its reference to the Committee on Publication.

The Treasurer reported the financial condition of the Society.

On motion of Dr. FASSETT, the Secretary was constituted a committee to confer with the publishers of the *Vermont Register* and *Vermont Directory*, with a view to procure, through their publications, a more complete and correct directory of the regular physicians of the State.

Adjourned to Thursday, 9, A. M.

The Society convened on Thursday, at 9 o'clock, A. M., agreeably to adjournment.

The President in the chair.

The credentials of Drs. John H. Moores, E. W. Howard, and Wm. P. Seymour, as delegates from the New York State Medical Society, were presented to the Society. They were cordially welcomed by the President, and invited to participate in the deliberations.

Dr. HOLTON, of Putney, read brief biographical sketches of Drs. L. E. Simons, of Saxton's River, and John Campbell, of Putney.

Dr. FASSETT, of St. Albans, read an elaborate sketch of the life, character, and eminent services of Dr. H. F. Stevens, of St. Albans.

Dr. CRANDALL, of Burlington, read a biographical memoir of Dr. S. P. Danforth, of Royalton.

The Committee on Nomination of Officers and Delegates for the ensuing year, reported as fol-

lows, and the individuals named were duly elected:

*President*—E. D. WARNER, of New Haven.

*Vice-President*—E. D. HOLTON, of Putney.

*Secretary*—L. C. BUTLER, of Essex.

*Treasurer and Librarian*—CHAS. CLARK, of Montpelier.

*Corresponding Secretary*—C. B. CHANDLER, of Montpelier.

*Executive Committee*—O. F. Fassett, C. P. Frost, C. L. Allen.

*Committee on Printing*—L. C. Butler, J. S. Richmond, A. C. Welch.

*Delegates to Medical Department Vermont University*—S. Keith and J. N. Stiles.

*Committee to Assist Secretary of State in Compiling Registration Reports*—O. F. Fassett and L. C. Butler.

*Delegates to New Hampshire Medical Society*—A. J. Hyde, E. H. Pettengill.

*To New York State Medical Society*—E. N. S. Morgan, H. D. Holton.

*To Rhode Island Medical Society*—S. Putnam, Laban Tucker.

*To Maine Medical Society*—C. S. Cahoon, S. T. Brooks.

*To Connecticut Medical Society*—C. P. Frost, C. H. Tenney, A. T. Woodward.

*To Massachusetts Medical Society*—G. B. Bullard, E. F. Upham.

*To Connecticut River Valley Medical Society*—G. Van Deusen, N. W. Braley.

*To American Medical Association*—J. H. Hamilton, Kimball Russ, E. F. Upham, L. F. Parker, T. S. Cushman, R. B. Skinner, S. Putnam, E. P. Fairman, E. D. Warner, A. T. Woodward, H. D. Holton, Abram Harding, S. W. Thayer.

*Committee on Epidemics*—J. C. Cranton, W. M. Huntington, T. G. Simpson, C. S. Cahoon, C. G. Adams, S. R. Correy, E. N. S. Morgan, Joseph Perkins, — Eddy, C. M. Rublee, J. B. Morgan, W. H. Ellis, A. H. W. Jackson, A. M. Plant.

*Board of Councillors*—W. R. Hutchinson, J. N. Stiles, N. W. Braley, G. B. Bullard, C. G. Adams, L. W. Adgate, C. B. Chandler, S. Brush, M. O. Porter, E. N. S. Morgan, A. T. Woodward, Abram Harding, J. A. Richardson, and H. D. Holton, being one for each county.

Dr. M. O. PORTER read an interesting case of ovarian disease occurring in his practice, in which the operation of ovariectomy was successfully performed.

Dr. A. M. PLANT read a paper on *The Old and the New in Medicine*, in which he contrasted the dogmas and practice of former times quite unfavorably with the present, both in regard to utility and success.

The semi-annual session of the Society was appointed to be held at the city of Burlington, on the 28th and 29th of June, 1867.

The meeting was largely attended, and the exercises were very interesting and profitable throughout. The papers read were of a high professional character, and reflect great credit upon their authors and the Society.



# EDITORIAL DEPARTMENT.

## Periscope.

### Common Salt for Wounds.

A French writer speaks in terms of the highest commendation of chloride of sodium in the treatment of wounds and ulcers. The first effect on a fetid wound, he says, is to destroy the odor immediately. Another immediate phenomenon observed is the pinkish hue which it gives the decomposed sanguineous blackish liquid which covers the wound. At the same time there is felt a sensation of cold and pricking, which may even become slightly painful. The suppuration diminishes rapidly, and if the matter be sanious, it becomes healthy in a few days. The wound granulates and cicatrizes rapidly, and the change in it has a happy effect on the system, the appetite improving, and the strength returning. Four hundred cases of wounds thus treated are reported. There was neither erysipelas, nor tetanus, nor hospital gangrene in any one, though the hygienic condition of the hospital was bad. In only one case was there pyemia. The solution first applied was in the proportion of  $\frac{3}{4}$  to a pint of water. After using this a few days, a concentrated solution was employed. In fistulous cases, the solution was injected into the sinuses.—*Pacific Med. and Surg. Journal.*

### Tracheotomy in Croup.

At a meeting of the "Société Médicale des Hôpitaux," of Paris, the proceedings of which are given in the *Gazette Hebdomadaire*, M. BARTHEZ reported forty-four cases of croup in the first six months of the year in St. Eugénie Hospital. Of this number, forty were operated on; eighteen were cured, and twenty-two died. Of the other four, two were cured without operation, and two died. M. BARTHEZ had never before met with an equal proportion of cures in his wards. M. ROGER reported four cases in the hospital for infants, all operated on, and one of the four cured. We notice that no distinction is made in these reports between croup and diphtheria, the terms being used as synonyms.—*Pacific Med. and Surg. Journal.*

### Nature of the Heart's Contraction.

M. MAREY has been studying the action of the muscles of the heart in comparison with that of the ordinary muscles, and has communicated the results of his researches to the French Academy. The contraction of the muscular fibres of the heart, like those of the bands of non-striated muscle, are continuous, and not vibratory like those of the ordinary muscles. In order to establish a relation between the phenomena of contraction in the two sorts of muscular tissue, M. MAREY says that a ventricular systole, however slow, corresponds to a single muscular contraction, and that thus a systole holds the same relation to a contraction that a muscular vibration (with ordinary muscles) does to the peculiar sound or musical note it produces.—*Lancet.*

### Fluid Extract of Buchu.

A writer in the *Richmond Medical Journal* asserts that the virtues of the plant are not extracted by the alcohol used in preparing the fluid extract. This accords with our experience of the action of the preparation. We have been so often disappointed with the fluid extracts, both of buchu and uva ursi, that we are in the practice of substituting altogether a decoction of the leaves.—*Pacific Med. and Surg. Journal.*

### Citrate of Soda in Diabetes.

M. GUYOT-DANEY, basing his practice upon the theory that diabetes arises from imperfect combustion of the glucose of the blood, proposes to employ citrate of soda in order to supply the alkaline carbonate which is necessary to the progressive chemical change of the glucose. He substitutes the citrate for the carbonate, because, he says, it does not affect the function of digestion. He administers the salt in doses of from four to eight grammes. His analyses, he alleges, demonstrate that sugar disappears from the urine after the administration of the citrate. Citrate of soda may be mixed with food instead of salt, and with it the use of ordinary bread and starchy matters ceases to be objectionable.—*Lancet.*

## Reviews and Book Notices.

**Some Effects of the Climate of Italy.** By THOMAS KING CHAMBERS, M. D., Fellow of the Royal College of Physicians; Honorary Physician to H. R. H. the Prince of Wales, etc., etc. London: JOHN CHURCHILL & SONS. 1865. 12mo. Pp. 95.

Dr. CHAMBERS is one of the men of genius of our profession. Quick of observation, comprehensive in thought, and eloquent in expression, he has seized better than almost any other, and conveyed in language, the leading therapeutic idea of our time; that of conservative and restorative medicine; of the economy and "renewal of life." Such a man deserves a holiday. We must lament that it should be made necessary by his own broken health. After the amputation of a thigh, months of debility obliged him at last to seek recuperation in a change of climate. Still he could not desert his vocation, as a physician and medical philosopher. This interesting and instructive volume is the fruit of inquiries entered into while travelling as an invalid.

"Broken health" is very well described by him, as something often needing to be recognized before any marked local disorder appears. The development of one or more local affections, he regards as the second stage of what is essentially loss of general vital power.

Seeking to ascertain the best conditions for restoration of this, Dr. CHAMBERS found them for himself in Italy; and made an analysis of them

for the advantage of other valetudinarians. All such, and, for them, every physician, will do well to read his book. We can merely show its interest by alluding to one or two points.

Italian diseases are much more often acute than chronic; those of England, the reverse. This is proved by our author from statistics. These are worth pondering; and the inquiry might be extended elsewhere, even to our own land. From this it follows, that, in well selected localities in the Italian climate, those suffering from chronic affections may, if able to travel, gain much.

Reggio; Southern Calabria and Sicily; the Gulf of Spezia; Nervi near Genoa; Ischia, Capri, Sorrento, Palermo, and Corsica, are especially recommended. Rome and Pisa are not; nor even Naples at all seasons, nor Genoa, Milan, nor Florence, for permanent residence.

The curious fact is stated, that while English physicians are always prescribing alkalies, Italians find the large majority of their patients better for acids! Dr. CHAMBERS asserts, also, that in that climate "the nervous system is much more awake to the effects of alcohol; so that instinctively less quantities are taken to produce the required effects. There are south of the Alps very few, if any, water drinkers; but there are also very few indeed who indulge in strong drink. One does not 'feel to want it.'"

We might linger long, with pleasure, over this book. It is one of the most agreeable, and far from among the least useful, results of medical authorship of its time.

**Observations Upon the Cranial Forms of the American Aborigines;** Based upon Specimens contained in the Collection of the Academy of Sciences of Philadelphia. By J. AITKEN MEIGS, M. D., Fellow of the College of Physicians; Corresponding Member of the American Ethnological Society; Foreign Associate Member of the Société d'Anthropologie de Paris; Honorary Fellow of the Ethnological and Anthropological Societies of London, etc. Philadelphia, 1866. Pamphlet; pp. 39.

Ethnology has been comparatively quiet in this country, as to publications at least, since the issue of those stupendous pieces of pretension and sophistry, (which, but for some respectable names lent to them, we should call scientific quackery), the Types of Man, and Indigenous Races of the Earth. Very few men in the United States, since the death of the lamented Dr. S. G. MORTON, call themselves Ethnologists. Among those few, probably the most able and industrious is the author of the pamphlet before us.

Dr. MEIGS has especially studied, with great

and intelligent labor, the diversities of cranial formation among human races. In this essay he gives a full statement of the results of his investigation of the crania representing the "aboriginal" population of North and South America.

Dr. MORTON, with twenty-one years of direct and familiar study of the subject, asserted emphatically the correctness of the opinion of MALTE BRUN, LINNÆUS, BUFFON, HUNTER, BLUMENBACH, LAWRENCE, as well as of BARTON, DU PONCEAU, and GALLATIN, that, whatever their varieties, all inhabitants of America, before its historical entrance by Europeans, were essentially *one race*. D'ORBIGNY, on the other hand, considered Peruvians, Patagonians and Guaranis, more different from each other than Greeks, Ethiopians, and Mongolians. HUMBOLDT, also, (though a full believer in the unity of origin of all races of mankind,) estimated highly the differences he met with in America. PRICHARD, who has best of all, in his great work, demonstrated the unity of man, remarks upon the same facts. Besides others of less authority on this subject, Dr. WILSON, of Canada, and RETZIUS, of Stockholm, very positively deny MORTON's dictum.

Dr. MEIGS, by his elaborate comparison of 575 skulls, with all that is known of their history, has been brought to the same conclusion; that every variety of cranial conformation is to be found among the different tribes of North, South and Central America. He divides them into three groups, the Dolichocephalic (long-headed), Brachycephalic (short-headed), and Mesocephalic or intermediate; the dolichocephalic being again divisible into six sub-types, the brachycephalic, and mesocephalic, each into two. Moreover, he finds among American heads representatives of all the various types or forms of European, Asiatic and African crania.

With all his study of the subject, Dr. MEIGS carefully avoids committing himself upon the question, decided amply in the judgment of ALEXANDER HUMBOLDT upon naturalistic, and WILLIAM HUMBOLDT, (no less an authority,) upon archaeological and linguistic evidence, as to the Unity of the Human Species. We had supposed that if DARWIN had contributed nothing else to philosophy and science, he had afforded the means of dissipating NORR- and GLIDDON-ism, into smoke.

It is, however, of interest to observe, that our author has, in this, as in his other writings upon craniology, contributed proof of importance bearing upon the main question. He has proved, most abundantly, that *no classification or ethnic separation of human races upon a craniological basis is at all possible*. And this is a great deal.

## Medical and Surgical Reporter.

S. W. BUTLER, M. D., *Editor and Proprietor.*

PHILADELPHIA, NOVEMBER 10, 1866.

### VITAL STATISTICS of MASSACHUSETTS.

The Registration Report of Massachusetts for 1864, presents some very startling facts in regard to the increase of population in that State. We can do little more now than present the facts as contained in the abstract furnished us by Dr. ALLEN, of Lowell.

The increase of population is effected in two ways, viz., 1st, by the *births exceeding the deaths*; and 2d, by *immigration*. In spite of the constant drain on the population of Massachusetts by emigration, the census shows a gradual increase of the population of the State. But this increase is chiefly derived from immigration from foreign countries, and by births among these immigrants, rather than among the native population. In 1830, the census returned less than 10,000 inhabitants of a foreign origin. In 1860, the number of births reported was 35,445; more than one-half of which were foreign. Up to this time the majority of births had always been American, but at this period the scale turned. A population of 260,114 foreigners could have more children than 970,052 Americans—almost four times as many, in proportion to the same number of inhabitants. Since 1860, the proportion of foreign births has gained on the Americans, till in 1864, they amount to almost one thousand majority.

If now the mortality record be compared with the number of births, it will test the increase of population from this source. The Report of 1864 gives 28,723 deaths, and 30,449 births—an increase of only 1726 as a whole. But the same Report returns the deaths as follows: American 24,021, Foreign 4207, and not stated 485. The percentage of births is reported thus: American, 13,453; Foreign, 14,266; American father and Foreign mother, 1030; Foreign father and American mother, 1209; and 494 not stated. It will be seen at once by these figures, that the number of deaths with the Americans, for 1864, exceeds that of the births over 9000! But this is not all; only about one-half those born that year ever reached the adult age, which will add some 6000 more, making a decrease in one year of over 15,000 persons reaching adult life—commencing in 1864. It may be said that the war made this difference—that on the one hand, the death of many men by the war, and the absence of others served to diminish the births, while on the other hand, many came home to die, thereby increasing the mortality. Admitting the force of these facts, it does not explain fully this difference. The number of American births had been diminishing for a long series of years before the war, and for several years prior to 1861, the number of American deaths exceeded that of the births.

On examining the old town and parish records, which have been carefully kept for over two hundred years, more light is thrown upon this subject. The exact figures are given from the records of an inland town of the State, which has been occupied by six generations. The first generation had on an average to each family, 9.50 ( $9\frac{1}{2}$ ) children; the second, 7.31; the third, 7.69; the fourth, 7.25; the fifth, 4.90; and the sixth, 2.84. The last generation brings the history down to the present time. In all the towns examined, the first settlers had on an average to each family, from eight to ten children, which diminished slowly with the earlier generations, till we reach the last two generations, when the number drops off more rapidly. It is surprising how many and what large families were once found in those old towns. In one small town, settled in 1665, may be found on its records these facts: There are recorded the names of twenty-six families having 10 children each; twenty families having 11 each; twenty-four having 12 each; thirteen families having 13 each; five families having 14 each; one family having 15; and one having 21. There were ninety families having 1043 children. Nothing like this, not even an approximation to it can now be found in any town of the commonwealth. It is very rare that an American family can now be found anywhere, having ten children; but here were ninety families each having that number and upward. And nearly all children born in those early times grew up to adult age, whereas now only about one-half reach that age.

Again, an examination of these town records shows that, for several generations after the first settlement, the number of families having only two, three, or four children, was comparatively small, and there was scarcely a family then to be found which had no children. The situation of such a family was regarded, in those times, as a calamity. But, in all the cases where the average number of children to each family has been obtained from town records, it is found that the present generation upon the stage will average to each family only about three children. In some few places the average number of children was four, and occasionally a fraction higher, but there were far more places where the average was less than three. This same general fact is confirmed from personal knowledge, and numerous inquiries in a large number of places, made with reference to this very object. Let any one, having an extensive acquaintance in rural or city districts in the State, make a careful investigation upon this subject, and he will be surprised at the result, especially at the large number of married people having no children, and others having only one or two.

The same results are shown by an examination of the numerous histories of families that have been published of late years. The earlier families had a large number of children, while the later averaged but three or four to each.

Again: Boston reports, for 1865, 5275 births; 3575 foreign, 1641 American, and 60 not stated.

Deaths, 4551; foreign, 1398, and American, 3143. Here the whole number of births exceed the deaths by only 734. But the deaths of Americans exceed the births by 1502; and, if only three-fifths of the American-born reach adult life, that makes the loss still greater. That is a loss, in one year, of over two thousand persons, by death, to the natural increase in population. The census of Boston, in 1865, reports the American population at 126,304, and the foreign 66,020. The former class, 126,304, have 1641 children, while the latter, 66,020, have 3575—that is, one-third foreign have more than twice as many children as two-thirds American, equal to six times as many children for the same population. Lowell reports present similar statistics. There were, in 1865, 100 more deaths than births among the Americans, and the foreign population was found to have more than four times as many children for the same inhabitants. From careful examination, the Irish are found, generally, to have, on an average, about three times as many children as the Americans. In many of the country towns, where the population is entirely, or mostly, made up of Americans, the number of deaths exceeds that of the births.

There is still another mode of viewing this subject, by way of comparison. There is what is called a birth-rate in every community, or nation—that is, one birth every year to so many inhabitants. The following table presents what has been found, for many years, the birth-rate in

Saxony,	. . . . .	25.98
Prussia,	. . . . .	26.50
Austria,	. . . . .	26.18
Sardinia,	. . . . .	27.82
Norway,	. . . . .	31.64
Denmark,	. . . . .	32.28
Hanover,	. . . . .	32.66
Sweden,	. . . . .	32.39
Bavaria,	. . . . .	20.22
Netherlands,	. . . . .	30.00
England,	. . . . .	30.06
Belgium,	. . . . .	34.35
France,	. . . . .	37.16

In Massachusetts the birth-rate has ranged, for many years, from 34.00 to 40.00. If the American population is separated from the foreign, this birth-rate will not make so respectable an appearance. In 1864 this birth-rate, with the native Americans, was only one to 66 persons, and for several years previous, it falls but little less than that number. For any community or nation to be in a prosperous and growing state, the birth-rate should be 1 to 30; once Massachusetts came up to this standard, but now it has fallen less than half that. This downward course commenced long before the war broke out, and it is apprehended that the return of peace will not much amend the matter. Neither was there any unusual mortality in 1864, or any previous year. It must be obvious, from the facts already presented, that there is operating, to produce this degeneracy, an agency more effective and permanent than war, or any temporary disease. If this gigantic evil is ever to be remedied, the

causes must be understood. If the deaths exceed the births every year—if all married families average only between two and three children each, and these diminish in each successive generation—if only three or four-fifths, even, of these live to reach adult life; if moreover, large numbers shall see fit to live a single life (and that number relatively increasing every year,) it is plainly evident that the native American stock, in the "Old Bay State," will rapidly diminish, and comparatively, at no very distant day, *must run out*.

The following are the causes given by Dr. ALLEN to account for such disastrous results:

1st. *The physical degeneracy of females;* and, 2d, the settled determination among a large portion of them in married life to have no children, or a very limited number. The first cause has been accumulating about half a century, but the second is of modern origin. Both causes result from the positive violations of the great laws of life and health, as well as the express teachings of Revelation. How sad and humiliating such an acknowledgment! No language can adequately portray the terrible effects which have already resulted from these violations of law, and no imagination can fully comprehend the nature, or extent of the disastrous consequences which are yet to follow in the same train. Where in the whole range of politics, education, philosophy and religion, is there a theme which, in the magnitude of its bearings, can present stronger claims for exposure, for discussion and reform,—with particular reference to New England,—than this very subject?

This is a subject which it is very proper to discuss in the pages of a medical journal, and we invite the attention of our readers to it. If the statements given above present—as they appear to—a true state of the case, it is incumbent on our profession, above all others, to throw themselves into the breach, and, if possible, stay this steady degeneration of a race to which we have been accustomed to suppose the world was looking as a means for the moral and political regeneration of mankind. The vital statistics of Massachusetts are but a reflex of those of all the older States of the Union, with the probability that some of them would present even a worse record than hers.

— SWINGING AS A REMEDY. — BROWN-SÉQUARD recommends the use of the swing as a preventive of nervous paroxysms which recur periodically. In certain cases of hysteria and epilepsy, he has prevented the paroxysm by engaging his patient in violent swinging at the first indication of the accession of the fit. The *modus operandi* is easily explained.

— A "HOME FOR INCURABLES" has been established in Westchester county, New York, under the patronage of the Protestant Episcopal Church of the metropolis.



## Notes and Comments.

### New York County Medical Society.

The Sixty-first Anniversary of the New York County Medical Society will be held next Monday, the 12th inst. This Society, which, for several years, seemed to be nearly extinct, has, we are glad to observe, become one of the most efficient medical organizations in the City of New York. We hope to be present at the opening exercises, and trust, during the winter, to be able to record many good things said and done by it at its regular sessions.

### Exsection of the Knee-Joint.

Dr. SAMUEL H. TEWKSBURY, of Portland, Me., has lately performed the operation of exsection of the knee-joint, for the fifth time. The patient, Mr. SWETT, of Falmouth, had, for several years, suffered from an ulcerative disease of the knee-joint, the result of a fall from a tree. The result of the operation has been a perfect limb, with, of course, a stiff knee-joint, but with very little shortening—quite an improvement on the old operation of amputation. Will Dr. TEWKSBURY report his cases?

### In Press.

Our PRICED CATALOGUE of Medical Books and Surgical Instruments, etc., is in press, and will be ready in a few days. It comprises the publications of all the medical book publishers in this country, that we have been able to obtain, giving, as far as we could, the name of the publisher, with the date of the issue of the book, and other facts of interest to the buyer. We have also included a few of the principal foreign medical works in the list.

As we expect to issue frequent editions of the Catalogue, we shall aim in each successive edition to perfect it, and will be obliged for any suggestions that may be submitted to us for that object.

The price of the Catalogue is *twenty-five cents*.

### Medical Works in Press.

LINDSAY & BLAKISTON have the following works in press:

Reynolds on the Diseases of the Nervous System, from the 2d London edition.

Beale on Urine, 3d edition, enlarged.

Beale's Microscope in Practical Medicine, 3d edition.

Headland on the Action of Medicines, from the 4th London edition.

Richardson on Local Anæsthesia.

Tanner's Index of Diseases and their Treatment.

Trousseau's Clinical Medicine.

Zander on the Ophthalmoscope.

## Correspondence.

### DOMESTIC.

#### Cancer of the Liver.

##### EDITOR MEDICAL AND SURGICAL REPORTER:

Gideon Donblaser, a farmer, 48 years of age, was taken ill May 20th, 1866, with a severe cramp in the stomach. His habits had always been temperate, and his health good, with the exception of occasional violent palpitation and constant constipation for the last two years.

Examination of the epigastric region revealed a large tumor or swelling, extending from the right into the left hypochondriac region, and almost to the umbilicus. The tumor felt hard, and there was no tenderness, except in a small circumscribed place in the left hypochondriac region, which was soon removed by a small blister.

June 20th. Tumor somewhat larger, and can be pressed freely without causing pain. Bowels do not move without a purge; appetite poor, and pain in stomach after eating; much eructation: tongue clean, no jaundice, pulse natural, no pain in tumor, but in *left iliac region*.

July 20th. Liver increasing in size on the right side, emaciation obvious, slight swelling of ankles, patient still moving about, but pain in the left iliac region very severe.

Aug. 20th. Emaciation going on rapidly, liver extending to umbilicus, slight jaundice, tongue coated dark-brown.

Sept. 1st. Patient confined to bed, greatly reduced; and metastasis of pain, from left iliac region to præcordiac region, in a very severe form, and also felt in *right iliac*; jaundice the same.

3d. Suffers intensely from sharp shooting pains through the left side of the chest and shoulder, which the largest doses of opiates failed to relieve. I administered chloroform to its full effect, after which the pains were milder.

6th. Right limb swollen very much, and intense pains in it; pulse 100, liver extending within two inches of the right anterior superior spinous process of the ilium. Administered chloroform by inhalation to its full effect, after which the pains ceased, but continued chloroform by the mouth, ten drops every four hours, apparently with good effect.

20th. Left limb swollen and painful. Right limb less swollen and easy. Tongue coated brown, pulse 120, and has "coffee-ground vomit."

24th. Died at 2, P. M.

*Autopsy.* Thirty-six hours after death, the body was examined in presence of Drs. SAMUEL and WILLIAM ADAMS, and J. HUSTON.

Found adhesion between the liver and peritoneum on the left side, corresponding to the part that was tender at the commencement of the illness. The liver was greatly enlarged, and found to weigh nine and a half pounds. It was cancerous throughout, and contained a solanoid tumor on the right lobe, four inches each way. Gall-bladder and larger ducts not obstructed, and hence so little jaundice. The lower lobe of the right lung had some traces of cancerous deposit, and the upper lobe adhered to the pleura, which we attributed to an attack of pneumonia eight years ago. Heart healthy; kidneys and spleen also sound. No other disease worthy of note was found in the body.

*Remarks.* Although this seems to have been a plain and marked case of cancer, with our present ability to diagnose diseases, yet dissident opinions were held by physicians. Three weeks after my first visit to the patient, I made known my diagnosis—cancer of the liver.

Two weeks after this, my excellent friend, an experienced physician, Dr. E. GREEN of Bellefonte, and also, Dr. SAMUEL ADAMS of Lock Haven, a physician of many years practice, were called in consultation. Both concurred in my diagnosis. This alarmed the friends very much as to the recovery of the patient, and other physicians (?) were called. Our diagnosis was called in question, sneered at, and utterly condemned. One doctor proposed to cure, and make all well in six weeks time.

Another strong in faith but weak in mind and medicine, would remove the "scrofula" with sugar pills in a very short time.

Thus, the friends were flattered—the patient deceived, sank and died.

A post mortem must decide, and convince who was in the right, and so it did.

Quackery was put to shame, and our diagnosis made good as we held from beginning to end.

How important and decisive autopsies are. Had this patient been buried without examination of the body after death, our diagnosis, which was proved to be correct, would have forever been doubted, and the opinion of the quacks accepted.

J. K. HOLLOWAY, M. D.

Nittany Hall, Pa., October 15th, 1866.

#### Internal Use of Chloroform in Delirium Tremens.

EDITOR MEDICAL AND SURGICAL REPORTER:

September the 20th. Was called in consultation with Dr. KIRCHNER, of this town, to see Mr. H., suffering from delirium tremens. The Doctor stated that he had been in attendance for two

hundred and sixteen hours; had given brandy, opium, morphia, tartar emetic, camphor, inhalations of chloroform, but all without effect, and stated his inability to procure sleep.

I ordered chloroform internally, as recommended by Dr. McCLELLAN, in an August number of the REPORTER. After the second drachm was taken he went into sound sleep, lasting for fifteen hours, much to the satisfaction of his distressed wife, who had watched his dilated pupil for nine days and nights.

JAMES HEALY, M. D.

Idaho City, Idaho Territory, Oct. 8, 1866.

## News and Miscellany.

### Vis Medicatrix versus "Drugs."

The marvellous discovery has latterly been made, by some English physicians, particularly, that nature has great curative power in disease, and that many serious ailments will pass away without "drugs." Cases are adduced in evidence, of pneumonitis and heart affections disappearing under the curative influence of nature. Whilst charlatans make a point of "drugs" and "drugging," as against the regular treatment, certain regular practitioners take up the outcry, and vociferate against what they choose to designate reproachfully as "drugs," thus fomenting the vulgar prejudice which is levelled against the profession. No one doubts that nature is competent to the cure of many disorders, acute and chronic. But is it a logical inference that active treatment should not be employed in any such cases? Is there any special advantage in being cured without medicine? May not the action of "drugs" co-operate with the efforts of nature? Is not the cure more speedily effected by this course? A splinter in the skin will be thrown off by suppuration; but is that an argument for refusing to extract it at once? Nature will open an abscess, if you give her time; but will you therefore refuse to expedite the cure by the scalpel or lancet? A child, having eaten some unwholesome food, is seized with convulsions. Let it alone, and in all probability the convulsion will pass off, and the offensive matter will be discharged from the bowels without interference. But does this result prove that a cathartic would not have done good? We are getting sick of the incessant twaddle about "drugs" and "nature." It savors too much of quackery. We believe there are very few conditions of disease in which the healing powers cannot be aided by judicious treatment, and the cure expedited. We believe further, that the wear and tear of disease is often much more injurious than the operation of active medicines—"drugs," if you please—by which its course may be shortened; and we believe that physicians in general are not so much in the habit of routine "drugging," with the design of expelling disease by violence, as one would infer from the writings of certain prominent teachers of the modern semi-expectant school.—*Pacific Med. and Surg. Jour.*

— **ARTHUR KAVANAGH, Esq.**, who is but the head and trunk of a man, having been born without arms or legs, has announced himself as a candidate for the British Parliament. He has but two little stumps where the arms should be, and the same as regards the lower limbs. If elected, he should be borne into the House in men's arms, or in a machine of some sort, and taken to and fro at each division! He is a highly educated man, and the possessor of a large property, and is, moreover, a famous sportsman. Strapped into a sort of bowl on his horse's back, he rides like a very fiend after the hounds. He is also a great yachtsman, and a couple of years ago he published a handsome volume, giving an account of his voyage to Albania in his vessel, the *Eva*, so called after the wife of the Anglo-Norman chief, Strongbow, the daughter of Dermot MacMurrough, King of Leister, from whom this Mr. KAVANAGH is lineally descended. This King Dermot has an evil notoriety in Irish history, as it was he who first invited and brought over the English to this country. He sought their aid to enable him to resist the forces brought against him by Roderic O'Connor, King of Ireland, and the Prince of Brefny, whose wife had either eloped with Dermot, or fled to his protection from her husband. It was on this incident that MOORE founded his song of "The valley lay smiling before me," in which occurs the well-known lines—

"On our side is virtue and Erin,  
On theirs is the Saxon and guilt."

Mr. KAVANAGH has in his possession a valuable portion of the estates of his ancestors, in Carlow and Wexford.

#### The Body of Jeremy Bentham.

The *London Notes and Queries* contains a letter from the late Dr. SOUTHWOOD SMITH, in relation to the disposal of the body of JEREMY BENTHAM. The letter is dated June 14th 1857, and says: "JEREMY BENTHAM left by will his body to me for dissection. I was also to deliver a public lecture over his body to medical students and the public generally. The latter was done at the Webb Street School—BROUGHAM, JAMES MILL, GROVE and many other disciples of BENTHAM being present. After the usual anatomical demonstrations over the body, a skeleton was made of the bones. I endeavored to preserve the head untouched, merely drawing away the fluids by placing it under an air pump over sulphuric acid. By this means the head was rendered as hard as the skulls of the New Zealanders, but all expression was gone, of course. Seeing this would not do for exhibition, I had a model made in wax by a distinguished French artist, taken from David's bust, Pickersgill's picture and my own ring. The artist succeeded in producing one of the most admirable likenesses ever seen. I then had the skeleton stuffed out to fit Bentham's own clothes, and this wax likeness fitted to the trunk. This figure was placed seated on the chair on which he usually sat, and one hand holding the walking stick which was his constant companion when he went out, called by him Dapple. The whole was enclosed in a mahogany case, with folding glass doors. When

I removed from Finsbury Square I had no room large enough to hold the case; I therefore gave it to University College, where it now is.

— **CHLOROPFORM IN MILK.**—The *Richmond Medical Journal* says the best method of administering chloroform is in milk.

— It is announced that Miss KATE BATEMAN was recently married at New York to a young English surgeon. She has renounced the stage, on which she has been a distinguished actress.

#### MARRIED.

BROCK—ROGERS.—October 31st, at the residence of the bride's father, by the Rev. Samuel M. Studdiford, Henry D. Brock and Kate E., daughter of Dr. Richard R. Rogers, all of Trenton, New Jersey.

CRAIN—BROWNING.—Oct. 23d, at the residence of the bride's father, in Bloomington, Ind., by Rev. C. Nutt, D. D., Dr. John W. Crain, of Greencastle, and Miss Harriet, daughter of Hon. N. C. Browning.

HAYES—LYND.—October 25th, by the Rev. William Sterling, Mr. Thomas H. Hayes, of Philadelphia, and Miss Fannie P., daughter of Dr. Thomas Lyon, of Williamsport, Pa.

KOLLOCK—MITCHELL.—October 23, at the First Reformed Presbyterian Church, in this city, by the Rev. T. W. J. Wyllie, assisted by the Rev. M. W. Rice, D. D., John M. Kollock, M. D., and Margaret J. W. Mitchell, youngest daughter of Archibald Mitchell, Esq., all of this city.

LEARY—REED.—In Adrian, Michigan, October 23d, by Presb. J. McEldowny, Dr. George Leary, and Miss Ellen M. Reed, daughter of Fitch Reed, Esq.

LYND—BROWNING.—In church, New Albany, Ind., October 27, by the Rev. Charles Hutchinson, Robert R. Lynd, M. D., of Cincinnati, and Miss Emily P., daughter of Dr. M. C. Browning, of New Albany.

MORRILL—BELL.—At the residence of the bride's parents, November 1, by the Rev. Mr. Sylvester, Julius A. Morrill, of New York city, and Sarah C., eldest daughter of Dr. Bell, of Feeding Hills, Mass.

SAWYER—GEORGE.—In Cincinnati, Ohio, October 18, Dr. B. Addison Sawyer, of Haverhill, Mass., and Miss Lizzie M., daughter of G. W. George, Esq., of Cincinnati.

SILLMAN—BUCK.—In this city, on the 1st inst., by the Rev. Phillips Brooks, Dr. Henry R. Sillman, U. S. A., and Catharine Elizabeth, daughter of Charles N. Buck, Esq., formerly of this city.

STEADMAN—BROWN.—In Portland, Me., October 24th, by Rev. E. C. Bolles, Dr. A. Steadman, of Dexter, and Clara A., daughter of S. B. Brown, Esq., of Portland.

WADSWORTH—HIGGINS.—November 1, by the Rev. Thomas Armitage, D. D., Dr. S. D. Wadsworth, and Mary E., eldest daughter of Geo. Higgins, Esq., all of New York.

WILSON—IRVINE.—October 23d, by the Rev. J. W. Love, Dr. William H. Wilson, of Williamsburg, Blair county, Pa., and Miss Martha Irvine, of Shaver's Creek, Huntingdon co., Pa.

#### DIED.

BAIRD.—In Cincinnati, October 26th, of cholera. Dr. David Baird, of Woodland Farm, Miami county, Ohio, in the 62d year of his age.

BARBER.—In Annisquam, Gloucester, Mass., Oct. 19, Joseph S. Barber, M. D., aged 63 years and 6 months.

BROWN.—In Cincinnati, October 25th, of cholera, Alice M., wife of Dr. Aaron M. Brown, and daughter of the late Hon. Thos. H. Whetstone.

CHURCHILL.—In Chelsea, Mass., October 23, Eliza Ann, wife of Dr. George W. Churchill, aged 41.

DEAN.—In Franklin, Mass., October 27, Mrs. Caroline F. Dean, wife of Dr. Oliver Dean, aged 76.

HIBBARD.—In New York, November 2, 1866, of typhoid fever, T. B. Hibbard, M. D., late of Yonkers, N. Y., in the 61st year of his age.

MATTHEWS.—On the 28th ult., at Stone Mountain, Gwinnett county, Georgia, in the 30th year of her age, Sarah M. Matthews, wife of Dr. Johnson Matthews, and daughter of the late John W. Tyson, of Reading, Pa.

NANCRED.—In this city, on the 30th ult., Emily G., daughter of Dr. S. J. G. Nancrede.

PARKIN.—In New York, November 2, Dr. John S. W. Parkin, in the 75th year of his age.

SMITH.—In Cincinnati, October 25th, suddenly, of cholera, Elizabeth J. Smith, the beloved wife of Dr. Hiram Smith, aged 47 years, 8 months, and 18 days.

## OBITUARY.

Surgeon and Brevet Brigadier General  
C. S. Tripler, U. S. A.

GENERAL ORDERS,  
No. 89.

WAR DEPARTMENT,  
ADJUTANT-GENERAL'S OFFICE,  
Washington, Oct. 27, 1866.

The following notice of the decease of a distinguished officer of the Medical Department of the Army, by the Chief of his Department is published to the Army:—

"SURGEON GENERAL'S OFFICE,  
" Washington, Oct. 23, 1866.

"To the Adjutant-General, U. S. Army:

"SIR—I have the honor to report the death, at Cincinnati, on the 20th instant, of Brevet Brigadier General C. S. TRIPLER, Surgeon, U. S. Army, Medical Director, Department of the Lakes

"Entering the Army as Assistant Surgeon, October, 1830, General TRIPLER served continuously for thirty six years, during which time he held, with credit to himself and advantage to the Government, positions of high trust and responsibility, taking part in the Seminole war, the war with Mexico, the occupation of California, and being the first Medical Director of the Army of the Potomac.

"His skillful administration and conscientious discharge of duty has been rewarded by three brevets for 'faithful and meritorious services.' The Medical Corps possesses, in his distinguished career, a bright example of the union of great professional attainments, with the military zeal and pride of an officer, and those qualities which mark the Christian gentleman.

"Very respectfully,  
"Your obedient servant,  
"J. K. BARNES,  
"Surgeon-General."

By order of the Secretary of War:  
E. D. TOWNSEND,  
Assistant Adjutant-General.

## ANSWERS TO CORRESPONDENTS.

Dr. J. B. Myerstown, Pa.—We would recommend FLINT'S Practice of Medicine. Price, cloth \$5; sheep \$7.

Dr. C. H. P., Hebron, Conn.—We can send you Barnes' Caoutchouc Dilators—price \$5 for the set.

Dr. J. W. H., Edgefield, S. C.—A set of Holt's Dilators, for the treatment of stricture of the urethra will cost \$18.

## METEOROLOGY.

October,	22,	23,	24,	25,	26,	27,	28,
Wind.....	S. W. Cl'dy.	W. Clear.	N. W. Clear.	N. W. Clear.	E. Cl'dy.	W. Clear.	S. W. Clear.
Weather.....	S. W. Sh'w'r.	Clear.	Clear.	Clear.	Cl'dy.	Clear.	Clear.
Depth Rain.....	4-10						
Thermometer.							
Minimum.....	49°	47°	38°	36°	30°	38°	32°
At 8 A. M.....	64	58	46	45	39	51	47
At 12 M.....	71	64	52	51	52	55	57
At 5 P. M.....	72	64	53	52	53	55	55
Mean.....	64	58.25	47.25	49.	43.50	49.75	47.75
Barometer.							
At 12 M.....	30.	30.	30.	30.3	30.3	30.3	30.2
Germanstown, Pa.							B. J. LEEDOM.

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